

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/000500
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3				1		1
4		3		1		1
5		0		1		1
6		0		1		1
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		0		1		1
17		0		1		1
18		0		1		1
19		0		1		1
20		0		1		1
21		0		1		1
22		0		1		1
23		0		1		1
24		0		1		1
25		0		1		1
26		0		1		1
27		0		1		1
28		0		1		1
29		0		1		1
30		0		1		1
31		0		1		1
32		0		1		1
33		0		1		1
34		0		1		1
35		0		1		1
36		0		1		1
37		0		1		1
38		0		1		1
39		0		1		1
40	1		1		1	
41	1		1		1	
42		1		1		1
43		1		1		1
44		3		1		1
45		0		1		1
46	1		1		1	
47		1		1		1
48	1		1		1	
49	1		1		1	
50	1		1		1	
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		2		2		2

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				1	
52		1		1		1
53		0		1		1
54		0		1		1
55		0		1		1
56		0		1		5
57		0		1		1
58		0		1		1
59		0		1		1
60		0		1		1
61		0		1		1
62						1
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97						
98						
99						
100						
TOTAL IND.	8				11	
TOTAL DEP.	03				55	
TOTAL CLAIMS	11				66	